The Cultural Context and Ethics of Prevention

Participants discuss why and how prevention professionals and prevention programs should be sensitive to cultural factors, and they examine the ethics of prevention.

approximate time: 3 hours

Learning Objectives

Participants will be able to:
- define "culture" and give examples of specific cultures
- discuss both overt and covert elements of culture
- articulate a part of their own culture
- describe why and how prevention professionals should be sensitive to other cultures
- describe why and how prevention programs should be sensitive to other cultures
- make ethical judgments in prevention situations

Materials and Preparation

Be ready to use the following information work sheets:
- **Some Elements of Culture**
- **Some Elements of a Culturally Competent Prevention Professional**
- **Characteristics of a Culturally Appropriate Prevention Program**
- **Questions to Consider in Your Search for Information about Communities**
- **Where to Go to Find Information about Communities**
- **Code of Ethical Conduct for Prevention Professionals**
- **Three Case Studies in Ethics**

You will receive a copy of:
- *Health Promotion in Diverse Cultural Communities*
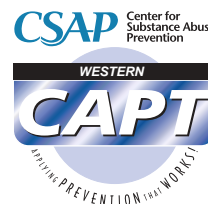
Some Elements of Culture

★ **Aesthetics** (attitudes and behaviors related to literature, music, dance, art, architecture, etc.)

★ **Ceremony** (what a person is to say and do on particular occasions)

★ **Ethics** (attitudes and behaviors related to honesty, fairness, principles, etc.)

★ **Health and Medicine** (attitudes and behaviors related to wellness, sickness, death, etc.)

★ **Folk Myths** (attitudes and behaviors related to heroes, traditions, legendary characters, superstitions, etc.)

★ **Gender Roles** (attitudes and behaviors related to expectations of people because of their gender)

★ **Gestures and Kinetics** (forms of nonverbal communication or reinforced speech, such as the use of the eyes, the hands and the body)

★ **Grooming and Presence** (attitudes and behaviors related to physical appearance, such as hairstyle, cosmetics, dress, etc.)

★ **Ownership** (attitudes and behaviors related to property, individual rights, etc.)

★ **Recreation** (attitudes and behaviors related to how people spend their leisure time)

★ **Relationships** (attitudes and behaviors related to family and friends)

★ **Rewards and Privileges** (attitudes and behaviors related to motivation, merit, achievement, service, etc.)

★ **Rights and Duties** (attitudes and behaviors related to personal obligations, voting, taxes, military service, legal rights, etc.)

★ **Sex and Romance** (attitudes and behaviors related to courtship and marriage)

★ **Space** (the accepted distances between individuals, depending on their relationship)

★ **Spirituality** (attitudes and behaviors related to spirituality, prayer, purpose in life, the possibility and type of afterlife, etc.)

★ **Status** (attitudes and behaviors related to people of different rank (e.g. age, wealth, office or fame)

★ **Subsistence** (attitudes and behaviors related to providing for oneself, the young and the old, and who protects whom)

★ **Taboos** (attitudes and behaviors related to doing things against accepted norms)

★ **Time** (attitudes and behaviors related to being early, on time or late)

★ **Values** (attitudes and behaviors related to freedom, security, education, aggressiveness, intellect, cleanliness, cruelty, crime, etc.)

(adapted from Gonzales)

Some Elements of a Culturally Competent Prevention Professional

1. Understand how one's cultural perspective and its limits affect the ongoing teaching/learning relationship and understand that the exploration of these cultural limits is an ongoing process.

2. Provide and promote an atmosphere in which cultural differences can be explored and understand that this process is not only cognitive, but attitudinal and affective as well.

3. Draw upon the cultural experience of students and parents in order to include authentic cultural perspectives in the curriculum or activity.

4. Adjust and accommodate to varied learning styles, building on participants' strengths and avoiding hasty judgments and culturally inappropriate labels that might be placed on students.

5. Be skeptical when using diagnostic tools so that questions are constantly raised regarding the validity of all assessment instruments when they are applied to people who are culturally different from those on whom the norms were calculated.

6. Understand, believe and convey that there are no culturally deprived or culture-free individuals and that all cultures have their own integrity, validity and coherence.

7. Expand students' knowledge of their culture and their capacity to appreciate and deal with differences in others, helping to see themselves in a multicultural perspective by first legitimizing the students' own cultural perspectives and then by addressing the cultural perspectives of others immediately around them, using this as a base to move toward an international or global perspective.

(Whealdon and Cuevas, 1995)

CSAP Center for Substance Abuse Prevention

**WESTERN CAPT** *APPLYING PREVENTION THAT WORKS!*

Characteristics of a Culturally Appropriate Prevention Program

1. The program staff, administrators and board members have high expectations and positive attitudes toward all students, regardless of their culture.

2. The formalized curriculum and activities reflect the experiences, cultures and perspectives of a range of cultural and ethnic groups.

3. The teaching styles used by the facilitators match the learning styles of the students.

4. The organization (board, facilitators, evaluators, etc.) shows respect for the student's first language and dialects.

5. The instructional materials used in the program show events, situations, and concepts from the perspectives of color being proportionately represented.

6. The assessment and evaluation procedures used in the program are culturally sensitive.

7. The organizational culture—as evidenced by the ethnic composition of the staff, as well as bulletin boards, etc.—reflects diversity.

8. The program staff has high expectations for all students, regardless of their culture and helps them to set career goals.

9. The organization has an effective plan for the involvement of parents.

10. The board has a policy on culturally appropriate education that it effectively communicates to all staff.

Suggested reading:

Gonzalez, V.M., Gonzalez, J.T., Freeman, V., & Howard-Pitney, B. Health Promotion in Diverse Cultural Communities: Practical guidelines for working in and with diverse cultural communities. Health Promotion Resource Center, Stanford Center for Research in Disease Prevention in cooperation with the Henry J. Kaiser Family Foundation.

(adapted from Banks, 1995)
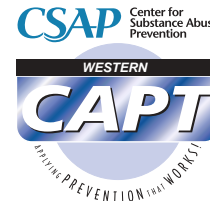
Questions to Consider in Your Search for Information about Communities

Historical Issues

- What is the history of the community?

- What name or names do the cultural group(s) use to refer to themselves?

- What is the significance of the different names?

- What are the major differences between cultural groups in your target community, particularly across generational, educational, socio-economic and geographical lines?

- What are the major historical events which describe the target group's experiences in the United States?

- What were and are the major conflicts between or among the cultural groups in the target community? What were the outcomes?

- What were and are the major conflicts within each group? What were the outcomes?

- What have been and are now the major social, economic and political concerns of the target community; in particular, the effects of discrimination which impede their access to employment, education, housing, health care and other vital human services?

Economic and Political Issues

- What are the different socio-economic levels of groups within the community (i.e. are they upper, middle and/or lower income)? What accounts for the differences within each cultural group?

- What is the political status of each group within your target community (e.g. undocumented, refugee, legal immigrant, citizen, political party affiliation and/or membership, etc.)?

- What are the different literacy levels within groups? Are they literate/illiterate in their own language, English or both?

- What are the different educational levels within the groups?

- How is their health status affected by their economic and political status? What are the predominate health problems?

- How often is medical care used by these different groups? What types of care?

• What are the organizations that successfully serve the different groups within the target community? Are they governmental, religious, community or social service, political or ethnic in nature?

Traditional or Culture-Specific Issues

General

• What are the values of the different groups within the community?

• How do various members of each cultural group define health and illness?

• What are some of the more common health beliefs and practices of various members of different groups in the community, both in general and with respect to the specific problem?

• What are the predominant family structures within the community's different cultural groups? Are they hierarchical, patriarchal, two household, single parent household, female head of household, extended, nuclear, etc.?

• What are some of the traditional roles of different family members in these different groups, particularly where health care is concerned?

• Who are the formal and informal leaders of the groups of community and what role do they have in the area of health education/promotion?

• How many and which languages or dialects are spoken? Is there a common language understood by all? Is there a written language?

• What are the formal and informal channels of communication within and between different groups?

Medical Orientation

• What are the group's general beliefs about the cause, prevention, diagnosis and treatment of disease?

• Does the group have any theories that explain specific illness or health problems?

• What are the group's attitudes toward "Western" medicine?

• To what extent is there use of "Western" medicine? If it is used, where does the group seek such care (i.e. hospitals, clinics, private physicians, etc.)?

• In general, what have been the experiences of different groups when trying to access the health care system?

• To what extent is there use of traditional medicine or healers? If so, for whom is it popular? What types are used and for which health problems?

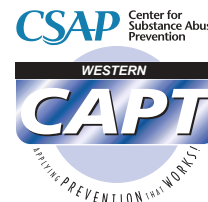• Where do people in these different groups go for health information?

Diet

- What are the traditional foods and what role do these different foods play in health, religion and school activities?

- How has the diet here in the U.S. changed over time as compared to that of the country of origin?

- Is there access to those foods that constitute the traditional diet? If so, are they affordable and accessible to this particular community? If not, are there acceptable and affordable substitutes?

Religion

- What are the different religions practiced within the different cultural groups in this community? Are they segregated from others of the same faith? Do any practice their religion in secret?

- How is their practice of a specific religion influenced by their culture? Is it practiced differently from that of a different culture within the same faith?

- What is the size of membership and who are they?

- Who are the religious leaders and what is their role in the larger community?

- Are there conflicts within or among the various religious groups?

- What involvement do various religious groups have in the area of health education/promotion?

- Do any of the religious beliefs or practices conflict with the philosophy of health promotion? Can these beliefs and practices somehow be incorporated into your program?

Be sure to add your own questions that are specific to the problem being addressed.

The answers to these questions will not only give you more insight into the culture, they may help discover ways to make contact with the community, plan and adapt your program culturally and generate support for it.

(Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1991)

CSAP Center for
Substance Abuse
Prevention

WESTERN
CAPT

Where to Go to Find Information about Communities

Start with a Library Search

Although you should spend most of your time in the community, it is important to devote some time to library research so that your approach into the community is an informed one. The following are the types of literature you will want to review.

1. **Census data, maps and other government documents, reports and statistics.**

   Such information identifies who and where the target community is, as well as what problems and needs exist in comparison to the general population.

2. **Medical and public health references, specifically epidemiological and health intervention articles related to the health problem(s) you want to address in a program.**

   These provide the latest information on the scope of the problem, on trends in different populations and on previous approaches taken to mediate the problem. This type of information can give you ideas on how you might approach the problem in your target community.

3. **Behavioral and social science literature.**

   Review intercultural and ethnic studies literature because this often includes a collection of psychological, sociological and anthropological references specific to different racial, ethnic or cultural groups. Such information can be extremely useful in providing you with a *general* understanding of different cultures' values, beliefs, practices and historical experiences in the United States.

4. **Local newspapers**

   Both the major dailies and smaller neighborhood newspapers, including the various ethnic papers, are a good source of information about a target community. The local news and editorial sections often provide some specifics about a community's or group's controversies (i.e. their most pressing issues, concerns or problems). These newspapers also provide listings of current or upcoming community events. Such information not only gives you some insight into the social and political "climate" in that community, but can also help you identify people, places and events to visit when you begin exploring the community.

If time is short, gather only that information which will provide you with answers to the following:

- What are the major historical issues?

- What are the current economic and political concerns of the groups or community?

- What are some of the major cultural beliefs, values and practices, especially those related to the health problems you are addressing?

Consult with the Experts

In addition to doing preliminary library work, you will also want to consult experts who can provide you with a valuable, yet different perspective on the community. Be sure to talk to people from each of these categories.

1. **Academicians**

   These are the people in academic, research institutions or government agencies who have done research in your areas of interest or have personal, sociological or historical knowledge and experience with specific ethnic groups. They can help you interpret and/or clarify the findings from your library search, or direct you to the most recent and relevant research.

2. **Health professionals or other persons working in similar communities or with similar problems**

   These people may be found in local, regional or national organizations (e.g. major minority health organizations or voluntary health agencies). These organizations often have accumulated relevant information based on their experience with various diverse communities throughout the country. Such people can provide you with more specific information about the problem as it is experienced by the different cultural groups. People in local organizations can also give you pointers on how to work in and with the community, sharing with you some of their own experiences (i.e. what is appropriate, what does or doesn't work well and who you might contact in the community to begin your planning).

3. **Individuals and/or groups from the target community**

   These people will often be your first contacts in the community. Through them you will learn more about the culture(s) of the target community in a more direct way than just by reading or hearing about it. These people can also work with you as partners and consultants to create or adapt the program to the various cultural groups within the community. However, it is imperative that you seek out community contacts carefully, as poorly or hastily selected people can cost you the accuracy of

your information, as well as the trust of the community in later program building efforts.

Assess Your Own Organization

The last step of your information gathering (one that is important but often forgotten) is assessing your own organization and its ability to work with other agencies and individuals already established in the target community. To do this, you may want to consider the following:

1. What is the range of cultural values and beliefs within your staff? How are they different from the target community's?

2. How do these beliefs influence your staff's attitudes about different cultural groups?

3. Have members of your staff had experience working with diverse communities?

4. What were those experiences like and how do they feel about working in and with other groups in this target community?

5. How are different cultural groups likely to react to the cultural make-up of your staff?

(Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1991)

Code of Ethical Conduct for Prevention Professionals

All developing fields have an ethical code to guide behavior. The field of substance abuse prevention needs to develop a code of ethics to serve as a guide for professional conduct. Circumstances and situations often arise in the helping professions that are both complex and difficult to handle. A code of ethics can help us make decisions when faced with problematic situations.

For example, let's visualize that you're working in a substance abuse prevention program in your local town or city. A fifteen-year-old girl who regularly attends your program stays after the scheduled activity ends and seems to want to talk with you. You sit down and ask her how she is, how school is going, and other "warm-up" questions to establish rapport. Not long into the conversation, she tells you that one of your male staff members, who is 22, has been paying a lot of extra attention to her. She articulates that she thinks he's "cute" and feels special when they talk. Apparently, this staff member has been calling her at home on the phone. He got the number from her program participant file without asking anyone for permission. She doesn't disclose any sexual behavior but says she has never had a boyfriend before and is having fun.

This situation is complicated and begs a few questions. First, is it proper for paid program staff members to develop personal relationships with prevention program participants outside program time? Second, is it ethical for program staff to collect personal participant information from confidential program records placed in office files? Since your male staff member is 22 and the female youth is only 15, are you or your organization liable for any misconduct? What should you do as a supervisor? You hope that program or agency policies exist to help guide your next step. Regardless, a code of ethics is important for all professions as it serves as a guide for behavior and helps clarify what's acceptable and unacceptable conduct, regardless of agency policy.

The following is a set of ethics for prevention professionals to consider. The National Association of Prevention Professionals and Advocates (NAPPA) originally developed these ethical codes. However, this organization is no longer in existence. As an emerging discipline, ethical codes of conduct need to be developed and advanced to act as a positive benchmark for positive professional behavior.

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his/her responsibilities to the public, to service recipients and to colleagues. They guide members in their professional responsibilities and express the basic tenets of ethical and professional conduct. These Principles should not be regarded as limitations or restrictions, but as goals for which prevention professionals should constantly strive. They are guided by core values and a commitment to honor, even at the sacrifice of personal advantages.

Principles

I. Nondiscrimination

A prevention professional shall not discriminate against recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or physical or mental disability, including persons testing positive for AIDS-related virus. A prevention professional should broaden his/her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

II. Competence

A prevention professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery and discharge professional responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. It begins with a mastery of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough and to observe applicable technical and ethical standards.

B. Due care requires a professional to plan and supervise adequately any professional activity for which she or he is responsible.

C. A prevention professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside his/her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.

INFO SHEET

D. When a prevention professional is aware of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

III. Integrity
To maintain and broaden public confidence, prevention professionals should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

A. Personal gain and advantage should not subordinate service and the public trust. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.

B. Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.

C. A prevention professional should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.

IV. Nature of Services
Above all, prevention professionals should do no harm to service recipients. Practices shall be respectful and nonexploitative. Services should protect the recipient from harm and the Professional and the profession from censure.

A. Where there is evidence of child or other abuse, the prevention professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

B. Where there is evidence of impairment in a colleague or a service recipient, a prevention professional should be supportive of assistance or treatment.

C. A prevention professional should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/herself.

V. Confidentiality
Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure,
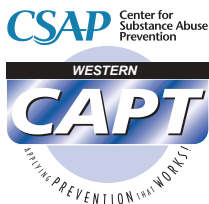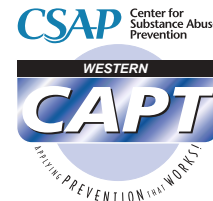
Principles –
continued

unsecured maintenance of records or recording of an activity or presentation without appropriate releases.

VI. Ethical Obligations to Community and Society
According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention professionals who must adopt a personal and professional stance that promotes the well-being of all humankind.

INFO SHEET

(National Association of Prevention Professionals and Advocates, Inc., 1995)

Three Case Studies in Ethics

CSAP Center for Substance Abuse Prevention

WESTERN
CAPT

Case Study 1

The Center for Alcohol Education, Inc., is a small, struggling nonprofit agency that targets the prevention of alcohol use among teenagers. Funding has never been adequate to support its projects, and its executive director has been considering some layoffs to stay afloat. Recently, the Bettleheim Brewing Company has let it be known that it will be providing grant dollars for responsible alcohol use. Bettleheim's public relations director was recently quoted in the newspaper as saying that current prevention efforts are one-sided and distort the facts about responsible alcohol use.

1. Should the Center for Alcohol Education, Inc., apply for one of these grants?

2. What types of funding conditions might require the center to refuse funding due to ethical concerns?

Case Study 2

For the past ten years, the Institute on Drug Abuse Prevention has been supporting the *DON'T DO IT* curriculum by providing technical assistance, free materials and training to teachers willing to use it with their students. The institute has been very successful; over 500,000 students are exposed to the curriculum annually. Recently, however, the University of South Groden did a large-scale study on the *DON'T DO IT* curriculum and found that it did not change student drug-use behavior; in fact, student drug use increased after the curriculum was implemented. The executive director has determined that it would take at least two years to locate and begin supporting a new curriculum. If she stops facilitating training, she's worried about the reaction of the institute's funders, who require that at least 200 teachers be trained annually. The director's advisors are telling her to disregard the study and continue supporting *DON'T DO IT*; after all, if so many teachers are using it, doesn't that mean it's a good program?

1. Should the institute continue facilitating training on the *DON'T DO IT* curriculum?

2. Does the institute have any ethical obligation to the teachers who are currently using the *DON'T DO IT* curriculum and are unaware of the study?

3. What should the institute do if the funders threaten to withdraw funding if the institute abandons *DON'T DO IT*?
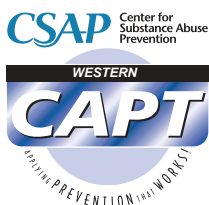
Case Study 3

Five years ago, Carl won the coveted Most Beloved Prevention Person award for his drug and alcohol prevention efforts among middle school students. Since then, he has become quite a celebrity and chapters of his SAY NO - BE A HERO club are being established all over the state. Sally's 13-year-old daughter, Kelley, recently won the presidency of her school's chapter. Part of Kelley's new duties involved going away for the weekend for a planning session with Carl and the five other new presidents. The session was to be held at Carl's mountain cabin. Sally was skeptical, but finally said yes; after all, Carl is a responsible adult and a well-respected professional. After returning from the weekend trip, Kelley had exciting news for her mother: Carl told her that he liked all the new girls, but he thought that she was the smartest and the prettiest and he wanted her to be his assistant next year. Concerned, Sally called Carl. He became very defensive, telling her that "hero worship was natural for someone of Kelley's age" and that Sally should "lighten up." "Besides," he said, "if it keeps Kelley off drugs, what difference does it make?"

1. Does Sally have anything to worry about?

2. Has Carl violated any ethical standards?

WORK SHEET